

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|-----------|
| FEE DETERMINATION | SMC | | 6/6/00 |
| O.I.P.E. CLASSIFIER | KH | | 6/15/2000 |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | | | |
| | 59573 | 8-5-00 | 10-19-00 |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral).... Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date |
|-------|----------|
| Final | Original |
| 1 | 10/29/00 |
| 2 | ✓ |
| 3 | ✓ |
| 4 | ✓ |
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| Claim | Date |
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| Final | Original |
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| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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